

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 10/658241	FILING DATE		
							APPLICANT/IST			
2/17/05 4/10/05 CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT					
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	
1	1		1				51			
2	1		1				52			
3		1		2			53			
4		1		1			54			
5		1		1			55			
6		2		2			56			
7		2		2			57			
8		1		2			58			
9				1			59			
10				1			60			
11				1			61			
12				1			62			
13				1			63			
14				2			64			
15			1		1		65			
16			1		1		66			
17		2		2		2	67			
18		2		2		2	68			
19		1		1		1	69			
20		1		1		1	70			
21		1		1		1	71			
22		1		1		1	72			
23		1		1		1	73			
24		1		1		1	74			
25		1		1		1	75			
26		1		1		1	76			
27		1		1		1	77			
28		1		1		1	78			
29		1		1		1	79			
30		1		1		1	80			
31		1		1		1	81			
32		1		1		1	82			
33		1		1		1	83			
34		1		1		1	84			
35		1		1		1	85			
36		1		1		1	86			
37		1		1		1	87			
38		1		1		1	88			
39		1		1		1	89			
40		1		1		1	90			
41		1		1		1	91			
42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.	4		11		7		TOTAL IND.			
TOTAL DEP.	4	37		37		37	TOTAL DEP.			
TOTAL CLAIMS	51	48		48		48	TOTAL CLAIMS			

PTO-1260 (12-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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